

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <div style="text-align: center; font-size: 1.2em;">Cramer for Congress</div>			
ADDRESS (number and street) PO Box 396			
CITY, STATE, and ZIP CODE <div style="display: flex; justify-content: space-between;"> Bismarck ND 58502 </div>			
2. NAME OF CANDIDATE Kevin Cramer	3. OFFICE SOUGHT (State and District) House ND	4. FEC IDENTIFICATION NUMBER C00504704	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;">MIKE MOORE</div> <div style="margin-top: 10px;">3529 RASHTI COURT</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> FORT WORTH TX 76109-4510 </div>	Name of Employer BROWN PRUITT Transaction ID : TX6424 Occupation LAWYER	Date (month, day, year) 10/23/2014	Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;">PATRICK OMEARA</div> <div style="margin-top: 10px;">2900 MCDONALD RD</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> BISMARCK ND 58504-9670 </div>	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Transaction ID : TX6428 Occupation INFORMATION REQUESTED PER BI	Date (month, day, year) 10/23/2014	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="font-size: 1.2em; margin-top: 10px;">JAMES L. WILLIAMS</div> <div style="margin-top: 10px;">P.O. BOX 37</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> ARTHUR ND 58006-0037 </div>	Name of Employer FIRST STATE BANK OF ND Transaction ID : TX6415 Occupation BANKER	Date (month, day, year) 10/23/2014	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional) Christopher M. Marston <div style="text-align: center;">[Electronically Filed]</div>	DATE 10/24/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)